SHIIP NEWS

NEBRASKA SENIOR HEALTH INSURANCE INFORMATION PROGRAM

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On your mark, get set, GO!

It's official. We are off and running, running hard to educate and assist Nebraska Medicare beneficiaries with the changes to Medicare and the numerous decisions that face them with regard to their drug coverage in 2006. Open enrollment begins in less than two months, and while we've accomplished a great deal, there is still much to do. With the biggest changes in the 40-year history of Medicare upon us, it's exciting to see so many people taking part in this new benefit roll-out.

The Nebraska SHIIP toll-free phone lines continue to ring off-the-hook. Our SHIIP representatives and volunteers are spreading the word about the new prescription drug coverage through numerous presentations, county and health fairs, and personalized counseling sessions. These outreach activities will continue to be a vital service to Nebraska's Medicare beneficiaries.

The SHIIP office has been busy training additional volunteers for the education, outreach, and enrollment efforts with the Medicare prescription drug benefit. Trainings have been provided in eight Nebraska communities to over 200 new volunteers. We welcome the many new faces as well as their eagerness to assist in our mission of education and counseling. Thanks to the local AARP office for their partnership in recruiting so many enthusiastic volunteers.

We have many people to thank who have stepped up to assist and educate our 260,000+ Medicare beneficiaries in making a sound, educated decision regarding their drug coverage. Nebraska stakeholders have shown great interest in the well-being of our beneficiaries and have taken an active roll in ensuring the success of the program through their partnership with the Nebraska Medicare Prescription Drug Coalition.

I extend my deepest appreciation and thanks to all of you who are taking this adventure seriously and have committed to making a difference in the lives of so many beneficiaries.

There truly is "no place like Nebraska!"

Jina

Volunteer Highlights

Client Contacts Continue

Volunteers continue to counsel beneficiaries across the state. The following people have sent in client contact forms documenting their efforts. SHIIP volunteers and staff submitted contacts with **769** individuals during the past quarter. Bravo!

Irene Anderson
Jean Armstrong
Frank Balderson
Carol Barr
Jim Barry
Lana Bennett
Harry Bianchi
Susan Block
Rita Brehmer
Jill Cammack
Donna Clevenger
Gladys Cooper
Lori Dannar
Delwyn Dearborn
Houston Doan
Donna Garwood
Leslie Gatzemeyer
Bobbie Gerdes
Barbara Graham
Brenda Halstead
Bill Hamilton
Helen Hancock
Debra Hellbusch
Raymond Herbert
Cathy Hitz
Marcia Holtz
Angela Howell
Evelyn Humlicek
Lucy Johnson
Crystal Johnson
Ruth Kamino
Ann Kroeger
Joyce Kubicek
Shirley Lake
Kim Langdon
Danette Larkins
Dorothy Lee
Joyce Mack
Jodi Mackin
Dick Messersmith
Jean Meyer
Janis Nason
Donna Nelson
Laura Norman
Judy Packett
Theresa Parker
Loren Parks
Sally Pichler
Sue Rikli
Marliss Rockwell
Jody Roeker
Becky Romshek
Kathy Ruzicka
Addie Schroeder
Cindy Schurr
Nancy Schwisow
Tess Sinner
Shirley Smith
Betty Stiles
Robin Szwanek
Rachel Theye
James Umshler
Jean Van Mark
Diane White
Susan Williams
Harley Winchester

Please remember to submit your completed CC and PAM forms to your regional representative in a timely manner. It is easier for the SHIIP office to enter the data regularly, rather than all at the end of the quarter. The next quarter's submission deadline is September 30, 2005.

Public & Media Outreach Events Double

Over the past few months, SHIIP volunteers and staff have organized and facilitated a total of **265** outreach activities across the state. Listed below are the names of the volunteers who submitted Public and Media Outreach forms during the past quarter. Keep up the good work!

Jean Armstrong
Frank Balderson
Carol Barr
Jim Barry
Peg Becker
Doris Behrens
Jill Cammack
Sue Chipman
Donna Clevenger
Lori Dannar
Houston Doan
Donna Garwood
Gloria Gummere
Brenda Halstead
Bill Hamilton
Debra Hellbusch
Raymond Herbert
Cathy Hitz
Marcia Holtz
Angela Howell
Evelyn Humlicek
Lucy Johnson
Crystal Johnson
Lonni Kallhoff
Wayne Kempf
Danette Larkins
Dorothy Lee
Joyce Mack
Laura Norman
Theresa Parker
Loren Parks
Maidie Peters
Pam Roberts
Marliss Rockwell
Becky Romshek
Kathy Ruzicka
Addie Schroeder
Cindy Schurr
Shirley Smith
Betty Stiles
Rahman Strum
Robin Szwanek
Rachel Theye

Gold Record

Frank Balderson

A Scottsbluff SHIIP volunteer since 2004, Frank has made several connections with the Hispanic community in the Scottsbluff/Gering area, presenting information on Medicare's prescription drug benefit. He also writes a regular column for a local newspaper, discussing Medicare issues. In July, he reached as many as 15,000 people by submitting articles to three area newspapers that generated interest as well as an increase in calls to the SHIIP hotline. Frank is truly willing to go the extra mile in educating and assisting Western Nebraska's Medicare beneficiaries.

Lori Dannar

Lori Dannar of Hemmingford became a SHIIP volunteer in February 2005. Since then she has been very active doing personalized counseling, conducting public presentations, and writing columns for several Northwest Nebraska newspapers. In July alone, Lori presented at a senior center, and submitted information to three local newspapers and radio stations, on top of a full-time job! She is also a member of the Box Butte County Medicare Prescription Drug Coalition.

Julie Parde

Julie Parde became a Beatrice-area SHIIP volunteer in the spring of 2005, and has taken an active role in educating Nebraska's Medicare beneficiaries. She partnered with the Social Security Administration this summer to present information about the Medicare prescription drug benefit at nearly one dozen area senior centers, educating as many as 80 people during a session. Julie has also been involved in enrolling beneficiaries in the Medicare-approved drug discount card benefit, through both personalized counseling and specialized enrollment events. Her efforts are appreciated throughout the Blue Rivers region of Nebraska.

Marliss Rockwell

A SHIIP volunteer since 2003, Marliss Rockwell is making a difference in the Omaha area. Recently she partnered with two retail pharmacies to distribute information about the upcoming Medicare prescription drug coverage. She has also educated several groups at Nebraska Methodist Hospital, including social workers, pharmacists, patient accounts department and the Geriatric Evaluation and Management Clinic. Marliss also spoke to the Midlands Eldercare Network and the American Business Women's Association about the changes to Medicare.

Betty Stiles

Betty Stiles of Beatrice has been a SHIIP volunteer since the inception of the SHIIP. Betty sets aside one morning each month to visit the Beatrice Senior Center where personalized counseling is her specialty. She is currently educating and assisting Medicare beneficiaries with the 2006 prescription drug coverage, recently presenting information to St. John's Lutheran Church Golden Age group. Beatrice beneficiaries are lucky to have a volunteer as enthusiastic and dedicated as Betty Stiles.

What's New?

New Volunteers

The Nebraska SHIIP network continues to grow. We now have over **250** volunteers! A number of new volunteers have been added to the program since the last newsletter. They include:

Connie Adam, Alliance
Pat Armstrong, Bellevue
Jeanette Bailey, Sidney
Pat Bailey, Kearney
Janet Bartak, Geneva
Arnold Bartels, Ogallala
Rita Bartels, Ogallala
Cindy Beck, Hastings
Zita Rice Bolinger, Scottsbluff
Huldah Brown, Sutton
Bruce Bundy, Lincoln
Dan Castro, Lincoln
Peggy Castro, Lincoln
Mary Chase, Omaha
Karl Clark, Lincoln
Sharon Crosby, Weeping Water
Janet Domeier, Lincoln
Barbara Dunham, York
Ann Eichorn, Scottsbluff
Gene Eichorn, Scottsbluff
Rosemary Enloe, Scottsbluff
Charles Evans, Hastings
Robin Fermin, Omaha
Donald Fitch, Kearney
Pam Gandara, Lincoln
Donna Giebler, Scottsbluff
Jennifer Harner, Lincoln
Marnie Heider, Omaha
W. Jerry Heydenberk, Ravenna
Mary Hinman, Lexington
Elaine Hinnk, Imperial
Scott Hogeland, Benkelman
Rich Hoins, Hebron
Jerald Holling, Brady
Jim Hopkins, Lexington
Doyle Howitt, Kearney
Marge Jerabek, St. Paul
Martha Jorgensen, Curtis
Sherry Kissler, Cairo
Janet Knake, Syracuse
Josie Macias, Gering
Sarah Martin, Omaha
Thomas Murray, Pawnee City
Ruth Neeman, Syracuse
Marcia Pierson, Kearney
Pat Rosane, Gordon
Audrey Rose, Gothenburg
Wallace Rose, Gothenburg
Kathleen Scheele, Plymouth
Charlene Schuetz, Falls City
Chuck Scripter, North Platte
Celia Stacy, Chadron
DeAnna Tuttle, Hastings
Joyce Voyles, Nebraska City
Lawrence Waskowiak, Johnson
Shirley Weihing, Gering
Sharon Witherspoon, Hastings
Dewayne Wolf, Kearney
Russell Wood, Indianola
Don Zebolsky, Omaha

Moving On

Northeast Nebraska Regional Representative Jayne Prince recently resigned her position with the Northeast Area Agency on Aging. Jayne is moving to Columbus to become the director of NorthStar Services, an agency which provides services to people with developmental disabilities throughout Northeast Nebraska. Thank you, Jayne, for your work and dedication. We will miss you!

Goin' to the Chapel

Longtime SHIIP volunteer Jim Barry, of Sherman County, said "I do" in July to Glendina Peterson of Iowa. The happy couple will spend the spring and summer months in Iowa, while wintering in Texas. Although Jim will no longer be a Nebraska resident, he intends to remain active in SHIIP activities and ~~updated on changes to Medicare. Thanks Jim -~~ Congratulations and Good Luck!

There are approximately 260,000 Medicare beneficiaries in Nebraska, 50 percent of whom are located in the following seven counties: Dodge, Douglas, Hall, Lancaster, Lincoln, Sarpy, and Scotts Bluff.

Trainer Notes

Summer was a blur....

As the days become shorter with the onset of fall we are all still busy, but hopefully will get back into a normal routine with the start of school and fall activities. I've started to realize there is no such thing as "normal" when it comes to SHIIP and the Medicare prescription drug benefit!

We have been busy conducting trainings throughout Nebraska and I'm fortunate to have met some great people in the process. When all is said and done, eleven trainings have been held and many new volunteers will be added to the SHIIP....WOW! I cannot begin to tell you how grateful I am to all of you for taking time out of your busy lives to learn what is necessary to help Medicare beneficiaries with the low income assistance and prescription drug plans. Thanks to AARP for helping recruit such great new volunteers.

More information and resources are coming our way every day and we will do our best to keep you all informed of the changes as they occur. Please don't hesitate to contact your regional representative or the SHIIP office if you have any questions or need information and outreach materials. Our volunteers are so valuable. Without them we could not begin to reach all our Medicare beneficiaries - hats off to you!

I would also like to thank the SHIIP office staff and regional representatives for making me feel welcome in my new position. You are a great group of people and it is truly an honor to work with each of you.

Keep up the good work. Let's all stick together to accomplish the task that lies before us.

Flu Season & Pneumonia - Are You Immunized?

The 2004 flu season was fairly mild, but it remains important to get your flu vaccination each year to protect from the influenza virus. The flu can cause mild to severe illness, and can even lead to death.

Who Should be Vaccinated?

In general, anyone who wants to reduce his/her chances of getting the flu can be vaccinated. However, certain people are at high-risk and should get vaccinated each year. They include people who:

- Are 65 years and older;
- Are in a nursing home or long-term care facility;
- Have medical conditions that place them at an increased risk for serious flu complications;
- Are in contact with someone in a high-risk group.

There is no cost for the shot if you are enrolled in Medicare Part B and your healthcare provider accepts Medicare assignment.

Turning to Pneumonia

Severe cases of the flu can turn into pneumonia. Pneumonia kills more people each year than all other vaccine-preventable diseases combined. Pneumonia can have many symptoms; you may have some or none at all. If you have any of these symptoms, contact your doctor: chills/fever, cough, shortness of breath, stabbing chest pains. You need a pneumonia shot if you are 65 years and older, or have any other long-term illness, such as lung cancer and diabetes.

Medicare covers the pneumonia shot for people with Medicare.

This article was provided by CIMRO of Nebraska, the Quality Improvement Organization for the state. For more information, please contact CIMRO of Nebraska at (402) 476-1399 or toll-free at (800) 458-4262.

This & That

Medicare Drug Premiums will be Lower Than Expected

With robust competition among drug plans, prescription drug plans will offer coverage at a lower cost than independent experts had projected. As a result, the Medicare prescription drug coverage that begins January 1 will have an average monthly premium of $32.20, about $5 less per month than previously estimated ($35-$37).

The savings will also extend to the government. The subsidies it pays the plans to provide the drug benefit will decrease by about $180 per beneficiary next year. The savings translate into at least $5 billion annually based on Wall Street estimates of enrollment rates.

"We're already seeing not just premium costs go down, but the implication is that prescription drug costs will also go down," secretary of the Department of Health and Human Services Mike Leavitt said.

The premium each person with Medicare pays for standard coverage will depend on whether the plan he or she chooses is above or below the national average cost. CMS anticipates there will be a significant number of plans in each region with premiums below the national average of $32.20. Enrollment in the new prescription drug benefit begins November 15.

In 2001, 6.2 percent of people with Medicare living in the community obtained a mobility-related device such as a cane, walker or wheelchair.

Medicare-Approved Drug Discount Cards Available Through 2005

The Medicare-approved drug discount cards are available throughout the rest of 2005 and continue to be an important way for people with Medicare to save money on prescription drugs. Drug discount cards are available to all people with Medicare unless they are Medicaid recipients. To be eligible for the credit, a person's income must be below **$12,919 (single person) or $17,320 (couple) in 2005**. The amount of credit received depends upon the enrollment period.

January 1 - March 31: $600.00
April 1 - June 30: $450.00
July 1 - September 30: $300.00
October 1 - December 31: $150.00

Any credit remaining on December 31, 2005 may be carried into 2006 and applied toward the cost of medications, until the individual is enrolled in a Medicare Prescription Drug Plan.

DOI, SHIIP & NETV

The Nebraska Department of Insurance (DOI) recently partnered with NET Television to offer insurance advice and tips during a live call-in special on NET Television. "Insurance Advice: A Nebraska Connects Special" originally aired June 21, 2005. The program featured segments focusing on Medicare changes and insurance fraud, as well as a general topic segment including property/casualty and other insurance questions. Jina Ragland, SHIIP Coordinator, joined other experts from the DOI to answer viewers' questions on-air; additional department staff answered incoming phone calls. Having potentially reached 20,000 viewers, the hour-long show was replayed many times during the month.

Nebraska Medicare Prescription Drug Benefit Coalition Update

From the last newsletter, you know the Nebraska SHIIP teamed up with AARP to develop a coalition of key stakeholders to guide the state in educating and promoting the Medicare Prescription Drug Benefit. This coalition has grown to a team of over **600** individuals representing different organizations, including the State Medicaid program, League of Human Dignity, State Unit on Aging, the Long Term Care Ombudsman, Cooperative Extension, Social Security Administration, Nebraska Healthcare Association, Nebraska Easter Seals, Nebraska Medical Association, Interchurch ministries, Nebraska Advocacy Services, University Extension, CIMRO, Medical Societies, as well as various other professional entities and volunteers across the state.

Because of the success of and high interest in this issue throughout the state, the Nebraska Medicare Prescription Drug Benefit coalition invited local communities to become engaged in educational outreach efforts for the new drug benefit. The coalition held a statewide teleconference call in July with these local community sites that had expressed interest in the coalition. The call was to discuss the important role they play in reaching out to their Medicare beneficiaries to ensure that they are able to make an appropriate and educated decision about their drug coverage. These communities have made the commitment to their beneficiaries to assist, educate, and enroll in the Medicare Drug Benefit. The Nebraska Medicare Prescription Drug Benefit coalition currently has 22 community coalitions across the state. These sites continue to report phenomenal outreach events where they are reaching their beneficiaries. Each community is considering holding at least one enrollment event in their area.

The coalition provides guidance and support to these local efforts through monthly phone calls, informative satellite conferences, speaker's bureau and other resources and assistance as needed.

Because the first satellite broadcast was so successful and there was such an overwhelming response and request for future educational programs, the coalition hosted its second statewide satellite broadcast on August 9th. This broadcast reviewed topics that included: an overview of the Medicare Modernization Act, an update from the Social Security Administration on the applications for extra help, Medicare Advantage Plans, Medicare Supplemental Plans, an update from Health and Human Services for persons dually eligible for Medicare and Medicaid, as well as new information on the statewide coalition. Based on previous requests, viewers were able to call in with questions and the presenters were able to answer them on the air. This broadcast had 51 sites hosting and had over **1000** viewers! If members or those interested were unable to view the broadcast on the 9th, they can access it via the web. This broadcast can be found at the following sites:

http://www.hhss.ne.gov/med/training.htm or **http://www.answers4families.org**.

The coalition plans another teleconference with the statewide community groups on September 29th, and a third satellite broadcast on November 1st with information regarding the online enrollment tool from CMS.

As the coalition members have increased, so has the need for information. The coalition has created a Nebraska Medicare Prescription Drug Benefit Coalition website. Through the assistance of Answers 4 Families, coalition members and the general public can access the website for information about the coalition, the drug plans, as well as information regarding the satellite broadcasts. The website will soon have a Frequently Asked Questions (FAQs) link for members and the public to view. Questions can also be submitted on this website for experts to answer.

Every Nebraska Medicare beneficiary must make a decision about his or her drug coverage before May 15, 2006. Nebraska's Medicare Prescription Benefit Coalition and its members are prepared to assist beneficiaries in that decision-making process.

Medicare Misc.

Medicare Demonstration for Adult Day Care Services

The Centers for Medicare & Medicaid Services (CMS) recently announced plans for a demonstration project that will allow some Medicare beneficiaries to receive medical adult day care services under the home health benefit.

"This demonstration will permit Medicare to assess whether providing medical adult day care services through the home health benefit will improve patient outcomes and provide the opportunity for some respite for beneficiaries' caregivers," said CMS Administrator Mark B. McClellan, M.D, Ph.D.

The demonstration will allow for home health agencies to partner with medical adult day care facilities to provide medical adult day care services to Medicare beneficiaries as a substitute for a portion of home health services. Medicare certified home health agencies are eligible to be demonstration sites.

Participating home health agencies will be paid 95 percent of the home health prospective payment rate for services provided to beneficiaries participating in the demonstration. Currently, Medicare beneficiaries who attend medical adult day care facilities pay out-of-pocket for those services or they are reimbursed through a third party payer other than Medicare.

There are approximately 2,100 licensed medical adult day care facilities throughout the country providing adult day care services to meet the day-time needs of individuals with functional or cognitive impairments.

Up to 15,000 beneficiaries at any one time will be eligible to enroll in the three-year demonstration, which is scheduled to begin in February, 2006.

The SHIIP will continue to offer information on this demonstration as it becomes available.




Medicare Replacement Drug Demonstration Update

Enrollment for the Medicare Replacement Drug Demonstration (MRDD) continues. As of August 16th, there were 35,851 people enrolled in the demonstration. The last date applications will be processed is November 30th.

Effective July 1st, the Patient Access Network Foundation (PANF) began providing co-pay assistance for the Multiple Myeloma condition. Thalomid is the MRDD product covered for this condition.

Patient Services Inc. (PSI) will no longer provide co-pay assistance for Multiple Sclerosis. However the National Organization for Rare Disorders (NORD) does provide co-pay assistance for Multiple Sclerosis.

Drug company Astra Zeneca recently announced a labeling change to Iressa. Due to the labeling change, Astra Zeneca will be initiating the Iressa Access Program to ensure that only patients who have benefited from Iressa prior to September 15, 2005 will be able to renew their prescription.

Also, effective August 15th, the MRDD added Zavesca, an oral tablet used to treat Type 1 Gaucher's Disease in adults, to its list of approved drugs.

For a complete list of covered drugs and conditions, or to receive an application, call (866) 563-5386, visit www.medicare.gov on the web, or contact the SHIIP office.

Medicare Prescription Drug Coverage

Timeline

May-August 2005:

- Notices mailed to all beneficiaries deemed eligible and automatically entitled to receive extra help with the cost of the prescription drug coverage. These recipients do not need to apply for the help.
- Applications mailed to beneficiaries whose social security records show incomes of less than 150% of poverty. These recipients need to apply for extra help in paying for the prescription drug benefit.

July 2005-ongoing:

- The Social Security Administration (SSA) begins processing applications for extra help.
- Applications for limited-income assistance are available at **www.socialsecurity.gov** on the web.

September-November 2005:

- Medigap (supplemental) insurance companies send notices to policyholders with drug coverage informing them of changes and options for coverage in 2006.

October 2005:

- Medicare plans that offer drug coverage begin marketing.
- *Medicare & You 2006* handbook is mailed to all Medicare households.
- Employers/unions who provide prescription drug coverage to their retirees notify them of their prescription drug coverage options.
- People with Medicare and full Medicaid coverage receive information about how they will be automatically enrolled in a plan, to begin January 1, 2006, if they don't enroll in one on their own.
- People with Medicare receiving Supplemental Security Income, Medicare Savings Program benefits, or people who apply and are determined eligible for the extra help will be notified that they will have a facilitated enrollment into a plan, to begin June 1, 2006, if they don't enroll in one on their own.

October 13, 2005:

- Medicare Prescription Drug Plan Finder tool launches at **www.medicare.gov** on the web.

November 15, 2005:

- Initial Enrollment begins for 2006 Medicare Prescription Drug Coverage plans.

December 31, 2005:

- Last day of Medicaid drug coverage for individuals with both Medicare and Medicaid. Medigap plans H, I, and J with prescription drug coverage are no longer issued, sold, or renewed.

January 1, 2006:

- Medicare Prescription Drug Coverage begins for those who enrolled in a plan by December 31.
- Medicare provides drug coverage for those who have Medicare and full Medicaid coverage.

May 15, 2006:

- Last day of Initial Enrollment Period.

May 16-June 1, 2006:

- Facilitated enrollment for those receiving Supplemental Security Income, Medicare Savings Program benefits, or people who applied and were determined eligible for extra help who did not choose a drug plan on their own; coverage effective June 1.

Q & A

Q: **I know that enrollment in the new Medicare prescription drug coverage begins this fall. How can I compare the drug plans before I choose one?**

A: Medicare will have a comparison tool on its **www.medicare.gov** web site that will allow you to search for drug plans in your area and compare their costs, formularies, and pharmacy networks. It will be available starting October 13th.

Information about Medicare prescription drug plans will also be available in the *Medicare & You 2006* handbook, which will be mailed to you in October.

Community-based tools will be available to help you compare your choices as well. Contact the Nebraska SHIIP (1-800-234-7119) for more information.

Q: What is a formulary?

A: A formulary is a list of prescription drugs that are covered by a drug plan. All plans must cover at least two (2) drugs from each "therapeutic class" of drugs. A therapeutic class contains drugs that are similar based on the disease they treat or on the way they affect the body. Plans can change their formularies at any time but must give their members and the public 60-day notice of any changes on the plan's website. Members who use the drug must be notified in writing.

Q: What is a "tiered formulary?"

A: Some Medicare private drug plans will most likely structure their formulary to have different cost-sharing tiers. That means the out-of-pocket costs for each prescription you fill would depend on which "tier" the drug is classified. Lower tiers have lower out-of-pocket costs and may include generic versions of the drugs. Higher-tier drugs will cost you more. Plans can have multiple tiers.

Plans can put other restrictions on the use of certain drugs, such as requiring that you get permission from the plan before the drug is prescribed, or allowing a drug to be covered only after you tried the plan's preferred drugs and found they were not effective for you.

Q: What are generic drugs and how can they help me?

A: Generic drugs offer Medicare beneficiaries a safe and much less costly alternative to brand name drugs. Generic drugs have the same active ingredients; are chemically identical in strength, concentration, dosage form, and route of administration; are bioequivalent; and are manufactured under the same strict good manufacturing practice regulations as brand name drugs. Generic drug manufacturers must demonstrate to the Food and Drug Administration that their generic version of a brand name product meets all these requirements. Because generic drugs can cost 30 to 80 percent less than the equivalent brand product, insurers and other payers of drug benefits encourage their use. The use of generic drugs helps to lower overall spending on drugs, which is good for consumers.

Q & A

Q: I am already enrolled in Medicare. Will the prescription drug plans cover medications that I am currently getting covered by Medicare?

A: No. If Medicare is currently covering some of your outpatient drugs, they are being covered under Medicare Part B. Drugs currently covered under Part B (such as some oral cancer drugs, immunosuppressants, antivirals, antigens, and antiemetics) will continue to be covered under Part B and will not be covered by the new Medicare prescription drug coverage.

Q: If I enroll in a Medicare prescription drug plan, will I receive help in managing the prescriptions I am taking?

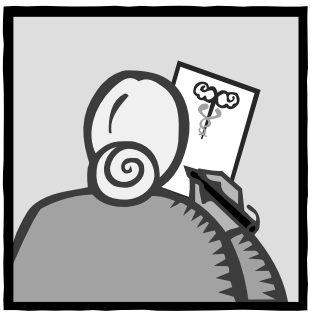
A: Medicare private drug plans are required to provide therapy management programs to members who have multiple chronic conditions, take multiple medications, and/or have high drug expenses. These programs will pay pharmacists to spend time counseling members who meet the above criteria to improve their overall health and reduce adverse drug interactions.

Q: What if I accidentally sign up for more than one prescription drug plan?

A: During an enrollment period, if you already have a drug plan and enroll in a new one, you will be automatically disenrolled from your previous plan. If you make multiple plan selections during a month, the last one you make will take effect on the first of the following month. **You must be in an enrollment period to sign up for plans.**

Q: I'm interested in enrolling. What is my prescription drug plan required to tell me?

A: Medicare prescription drug plans are required to provide information to their enrollees (and prospective enrollees) about their service areas, the benefits offered under the plan, the cost-sharing amounts, formularies, pharmacy network, and any other aspects of coverage. This information must be provided in writing at the time of enrollment and annually after that, and it must also be available on request and on the plan's web site. The plan must also operate a toll-free number during business hours and must be able to give you this information. In addition, plans and pharmacists are required to tell you if you could save money by using a generic drug.



Q: If I enroll in a prescription drug plan, what can I do if I am traveling outside my plan's service area and need an emergency prescription?

A: You can get the medication if you show that you could not reasonably obtain the medication from a network pharmacy and you do not routinely use out-of-network pharmacies. You may need to pay for the prescription at the pharmacy and then seek reimbursement from the plan. The plan can charge you more for using an out-of-network pharmacy.

Drug Coverage Determination and Appeals Process

Background

In January, Medicare will begin offering prescription drug coverage to beneficiaries who enroll in a plan. It is important for those enrollees to understand their rights within a prescription drug plan.

Each plan is required to have a coverage determination process, which includes an exceptions process and appeals process that provides beneficiaries with the opportunity to challenge the exclusion of a particular drug from a plan's formulary or the placement of a drug on a higher cost-sharing tier.

The Centers for Medicare & Medicaid Services (CMS) will provide substantial enrollee protections with these processes, which build on Medicare Advantage protections and reflect additional considerations for prescription drugs. CMS will review each plan's coverage determination and appeals processes to ensure that enrollees have access to medically necessary drugs.

Exceptions Process

The exception process, which ensures that beneficiaries have access to prescription drugs they need, is unique to the drug benefit. It provides a straightforward process for enrollees to obtain a covered drug at a more favorable cost-sharing level, or obtain a drug that is not on the plan's formulary. Enrollees may request an exception under the following circumstances:

- The enrollee is using a drug covered on a plan's formulary that has been removed during the plan year for reasons other than safety;
- The enrollee's physician prescribed a non-formulary drug for the enrollee that the physician believes is medically necessary;
- The enrollee is using a drug that has been moved during the plan year from the preferred to the non-preferred cost-sharing tier; or
- The enrollee's physician prescribed a drug for the enrollee that is included in a plan's more expensive cost-sharing tier because the prescribing physician believes the drug included in the less expensive cost-sharing tier is medically inappropriate for the enrollee.

Once beneficiaries realize the drug they need is not covered, they should contact their plan to request an exception. An enrollee will need an oral or written supporting statement from his/her doctor to demonstrate the need for the drug. Generally, plans must grant these requests - called exceptions - when they determine that it is medically appropriate. Plans must respond to a request within 72 hours.

Beneficiaries may also ask for a faster response (an expedited request) when their "life, health or ability to regain maximum function" is in jeopardy. Plans must respond to expedited requests within 24 hours. If a plan grants the request, it must continue to cover refills as long as the doctor continues to prescribe that drug, it continues to be safe, and the calendar year has not expired. If a plan denies an exception request, an enrollee can appeal the plan's decision.

Appeals Process

If a plan makes an unfavorable coverage determination such as denying an exception request, the enrollee, or his or her appointed representative, may appeal the plan's decision. The appeals process is modeled after the Medicare Advantage appeals process.

There are five (5) levels to the appeals process that an enrollee is entitled to:

FIVE-LEVEL APPEALS PROCESS

Level	Action	Standard Appeal	Expedited Appeal*
1	Redetermination by prescription drug plan	If the plan's initial exception request is denied, an enrollee may request a ***redetermination*** and the plan has up to 7 days to make its decision.	Same as standard, except the timeframe is up to 72 hours for the plan to make its decision.
2	Reconsideration by Independent Review Entity (IRE)	If the prescription drug plan's redetermination is unfavorable, an enrollee may request a ***reconsideration*** by an IRE, which is a CMS contractor that reviews determinations made by a plan. The IRE has up to 7 days to make its decision.	Same as standard, except the timeframe is up to 72 hours for the IRE to make its decision.
3	Administrative Law Judge (ALJ)	If the IRE's reconsideration is unfavorable, an enrollee may request a hearing with an ALJ if the minimum dollar requirement is met ($100 in 2005).	Not applicable.
4	Medicare Appeals Council (MAC)	If the ALJ's finding is unfavorable, the enrollee may appeal to the MAC, an entity within the Department of Health and Human Services that reviews ALJ's decisions.	Not applicable.
5	Federal District Court	If the MAC's decision is unfavorable, the enrollee may appeal to a Federal District Court if the minimum dollar requirement is met ($1,050 in 2005).	Not applicable.

*An expedited appeal is requested based on the urgency of an enrollee's health condition.

If an appeal is won during the first level of the appeals process, the enrollee's prescription drug plan must process his/her request for benefits within seven calendar days (72 hours for an expedited appeal) from the date the plan received the request for redetermination. If payment is requested, the plan must authorize it within seven calendar days and pay within 30 calendar days from the date it received the request for redetermination.

If the appeal is won during levels two through five of the appeals process, a beneficiary's plan must process his/her request for benefits within 72 hours (24 hours for an expedited appeal) from the date the plan received the decision. If payment is requested, the plan must authorize it within 72 hours and pay within 30 calendar days from the date it received the request.

For more information on the drug coverage determination and appeals process, contact Medicare at **1-800-MEDICARE** or call the Nebraska SHIIP at **1-800-234-7119.**

Odds & Ends

Publications Update

We have several new or updated publications created by the SHIIP office and the Centers for Medicare & Medicaid Services. It is essential that volunteers use only the most current and up-to-date information when counseling beneficiaries. To receive a copy of any publication, please contact the SHIIP office or your regional representative by calling the SHIIP hotline, 1-800-234-7119.

- "Medicare Rx Prescription Drug Coverage" brochure
- "Introducing Medicare Rx Prescription Drug Coverage" fold-out
- "Facts About Medicare Prescription Drug Plans" fact sheet
- "2005 Choosing a Medigap Policy" booklet
- "Quick Facts about Medicare's New Coverage for Prescription Drugs" fact sheet
- "Quick Facts about Medicare's New Coverage for Prescription Drugs If You Applied for Extra Help" fact sheet
- "Quick Facts about Medicare's …. for people who are Nursing Home residents or live in certain types of Long-Term Care Facilities" fact sheet
- "Quick Facts about Medicare's …. for people who get Supplemental Security Income benefits or help from their state Medicaid program paying their Medicare premiums" fact sheet
- "Quick Facts about Medicare's …. for people with Medicare and Medicaid, and Medicaid now pays for their prescription drugs" fact sheet
- "Quick Facts about Medicare's …. for people with limited income and resources" fact sheet
- "Quick Facts about Medicare's …. for People who have Prescription Coverage from an Employer or Union" fact sheet
- "Quick Facts about Medicare's …. for people with a Medicare-approved drug discount card" fact sheet
- "New Medicare Prescription Drug Coverage: A Message for People who Care for Someone with Medicare" fold-out

Many of the above-listed publications are also available in the Spanish language. If you are able and interested in conducting outreach in your local Hispanic community, please contact the SHIIP office to order these publications.

Medicare Ombudsman

As reported in last quarter's newsletter, Daniel Schreiner is the new Medicare Ombudsman. Medicare beneficiaries with appeals, complaints, grievances, and requests for assistance are encouraged to contact:

Daniel Schreiner
Medicare Ombudsman
7500 Security Boulevard
Baltimore, MD 21244
phone: 410-786-0630
fax: 410-786-5487
email: dschreiner@cms.hhs.gov

Reporting/Attendance Requirements

As a reminder, each SHIIP volunteer must submit a minimum of four (4) client contact and/or outreach forms every grant year to maintain his/her active status, and continue getting newsletters, manual updates, etc. Volunteers who have not submitted at least four client contact and/or outreach forms between April 1, 2005 and March 31, 2006 will no longer be considered active volunteers, and will be taken off the SHIIP mailing list and required to return the SHIIP manual. If you have any questions about this requirement or would like help with ideas to increase your outreach efforts, please contact your regional representative.

Volunteers should also plan to attend a Fall 2005 update training in order to maintain active status with the program. The information presented at these trainings will be helpful in conducting community outreach activities for the new prescription drug coverage.

Nebraska Medicare Partners

Several Nebraska Medicare partners are dedicated to assisting you with your Medicare issues and other health insurance-related concerns. These partners include:

Medicare Part A provides information on:
- Inpatient hospital services
- Skilled nursing facility services
- Outpatient facility services/procedures
- Rehabilitation services

Call 1-800-Medicare (1-800-633-4227)

Medicare Part B handles your claims for:
- Medical/professional services rendered in an office, inpatient, or outpatient setting
- Lab tests, x-rays, and diagnostic tests
- Ambulance transportation

Call 1-800-Medicare (1-800-633-4227)

DMERC processes claims for durable medical equipment & supplies including:
- Home dialysis equipment
- Immunosuppressive & oral anti-cancer drugs
- Therapeutic shoes for diabetics
- Wheelchairs, walkers, canes, etc.
- Power-operated vehicles

Call 1-800-Medicare (1-800-633-4227)

Quality Improvement Organization handles quality of health care issues including:
- Hospital, skilled nursing, and home health care
- Your patient rights, including discharge issues
- Care in a Medicare HMO

Call CIMRO of Nebraska (1-800-458-4262)

Nebraska Department of Health and Human Services, Unit on Aging is a State Agency providing information about:
- Nebraska Aging Network
- Benefits Eligibility Screening Services
- Long-Term Care Ombudsmen
- ECHO - Medicare Fraud and Abuse
- Legal service referrals
- Care management services in the home

Call Unit on Aging (1-800-942-7830)

Railroad Retiree Board handles Medicare eligibility and enrollment for railroad retirees.
Call Railroad Retiree Board (1-402-221-4641)

Federal Employee Health Benefits Program answers questions about FEHBP and Medicare for federal retirees.
Call FEHBP at (1-888-767-6738)

Social Security Administration can help with:
- Medicare eligibility and enrollment
- Changing your address for Medicare
- Replacing your Medicare card
- Questions on Medicare Premium

Call SSA at (1-800-772-1213)

Nebraska Dept. of Health & Human Services handles:
- Medicaid spend-down
- Medicare Savings Programs

Call HHSS at (1-800-685-5456)

Nebraska Department of Insurance will help with:
- Health, Life, Auto & Property insurance questions
- Filing a complaint regarding insurance coverage
- Insurance Fraud complaints

Call NDOI at (1-877-564-7323)

NE Dept. of Health & Human Services, Dept. of Regulation & Licensure handles complaints on:
- Licensed & certified health care providers, also long-term & non-long-term care facilities

Call Dept. of Reg. at (1-402-471-2133)

Nebraska Senior Health Insurance Information Program (SHIIP) is a state counseling program providing information about:
- Medicare supplemental insurance
- Medicare Advantage plans
- Long-term care insurance
- Medicaid, QMB, and SLMB programs
- Comprehensive Health Insurance Pool (CHIP)

Call SHIIP at (1-800-234-7119)

Home Health Intermediary can assist with:
- Information about Home Health or Hospice Care

Call 1-800-Medicare (1-800-633-4227)

Department of Labor is a Federal Agency that assists with COBRA questions and employer requirements on group health insurance plans.
Call Department of Labor at (1-866-444-3272)

Coordination of Benefits Office assists beneficiaries with Medicare primary/secondary payer determination when multiple insurance coverage exists.
Call COB at (1-800-999-1118)

Veterans' Affairs assists with VA Benefits questions.
Call VA at (1-877-222-8387)

Nebraska

SHIIP

Senior Health Insurance Information Program

Nebraska Department of Insurance
ATTN: SHIIP Program
941 "O" Street, Suite 400
Lincoln, NE 68508-3639
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